
IX.

PRIORITIES FOR FY 1994 AND FY 1995

IMMUNIZATION

The measles epidemics of 1989-91 have shown that the deficiencies of the present health care system, together with the persistence of certain immunization-specific barriers, can leave as many as half of all young children in the United States vulnerable to preventable diseases, such as measles, poliomyelitis, pertussis (whooping cough), mumps, and rubella (German measles), because they do not receive vaccines on the proper schedule during the critical first two years of life (see section VII). These problems point to the need for urgent action. Hence the President has proposed and Congress has appropriated funds for the Childhood Immunization Initiative (CII).

The aims of the CII are to (1) eliminate childhood cases of six vaccine-preventable diseases, namely, diphtheria, *Haemophilus influenzae* type b disease, measles, polio, rubella, and tetanus (see table 6, in appendix 9); (2) increase vaccination coverage levels to at least 90 percent among 2-year-old children by 1996 for each of the vaccinations recommended routinely (other than hepatitis B, for which the goal is 1998) (see table 7, in appendix 9); and (3) establish a vaccination delivery system that maintains and further improves high coverage levels.

Implementing the CII will be a major priority in FY 1994 and FY 1995. The Centers for Disease Control and Prevention (CDC) is the primary agency responsible for implementing the CII. Within the broad, long-term framework provided by the National Vaccine Plan, the CII will accelerate and strengthen vaccination awareness, community mobilization, and disease surveillance activities, and will introduce new elements such as a comprehensive vaccine purchase program and new methods for vaccination coverage measurement. Pursuit of the CII's focused activities, in concert with those of the overall National Vaccine Plan, will contribute to the earlier achievement of the plan's goals. Specifically, these CII activities to improve immunization fall into five main categories:

- **Improving the quality and quantity of vaccination delivery services.** State and local health agencies will use new Federal resources to hire personnel, extend clinic hours, and encourage health care providers to use all health care contacts to administer needed vaccines and reduce the obstacles that parents encounter in obtaining vaccinations for their children. Computerized State vaccination information systems are being developed to remind parents when vaccinations are due and to assist health care providers in determining the vaccination needs of patients. Existing vaccination schedules will be simplified to facilitate vaccination delivery.
- **Increasing community participation, education, and partnerships.** A long-term, national outreach campaign will be initiated in April 1994 to improve parental awareness of the need for timely childhood vaccination and to prompt health care providers to use all health care contacts to administer needed vaccines to children. At the national level, elements of this campaign will include widespread distribution of radio, television, and print public service announcements; dissemination of a national theme and call to action; and other activities designed to unify efforts throughout the country. At the State and community levels, the campaign will include a grass roots organizing effort to unite all sectors of the community (for example, public and private health care providers, business groups, community leaders, minority groups, voluntary and service organizations, religious institutions, and media affiliates).